

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 28 1935

1. PLACE OF DEATH

County Pemiscot
Township _____
City Cauthersville, Mo. (No. _____)

Registration District No. 651
Primary Registration District No. 4388

File No. 25787-a
Registered No. 34
St. _____ Ward _____

2. FULL NAME Billy Jean Tull

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/5/30</u>		
7. AGE <u>3</u>	YEARS <u>11</u>	MONTHS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) Pemiscot, County
(STATE OR COUNTRY)

13. NAME Willis E. Tull

14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

15. MAIDEN NAME Elsie Branch

16. BIRTHPLACE (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

17. INFORMANT Pearl Fisher
(ADDRESS) Cauthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Prairie Cemetery DATE July 28, 1935

19. UNDERTAKER J. B. Sefton
(ADDRESS) Cauthersville, Mo.

20. FILED March 7, 1935 Ada Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/34, 1934

22. 7/27 HEREBY CERTIFY, That I attended deceased from 7/27/34 to 7/27/34, 1934

I last saw him alive on 7/27, 1934. Death is said

to have occurred on the date stated above, at 6:36 a.m.

The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset

1205/305

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. B. Tuten, M. D.

(Address) Cauthersville
Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

